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Bib Data Sheet

CONFIRMATION NO. 5176

<b>SERIAL NUMBER</b> 10/072,010	<b>FILING OR 371(c) DATE</b> 10/25/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> EPI-00312
<b>APPLICANTS</b> Jonathan W. Nyce, Titusville, NJ;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/841,426 04/24/2001 which is a CIP of 09/488,236 01/20/2000 PAT 6,670,349 which is a CON of 08/861,962 05/22/1997 PAT 6,087,351 which is a DIV of 08/393,863 02/24/1995 PAT 5,660,835				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/18/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>SD</i> Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 79
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 021971				
<b>TITLE</b> Dehydroepiandrosterone Compositions for Treating Respiratory Diseases				
<b>FILING FEE RECEIVED</b> 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	